SIM Project

Steering Committee
April 15, 2015

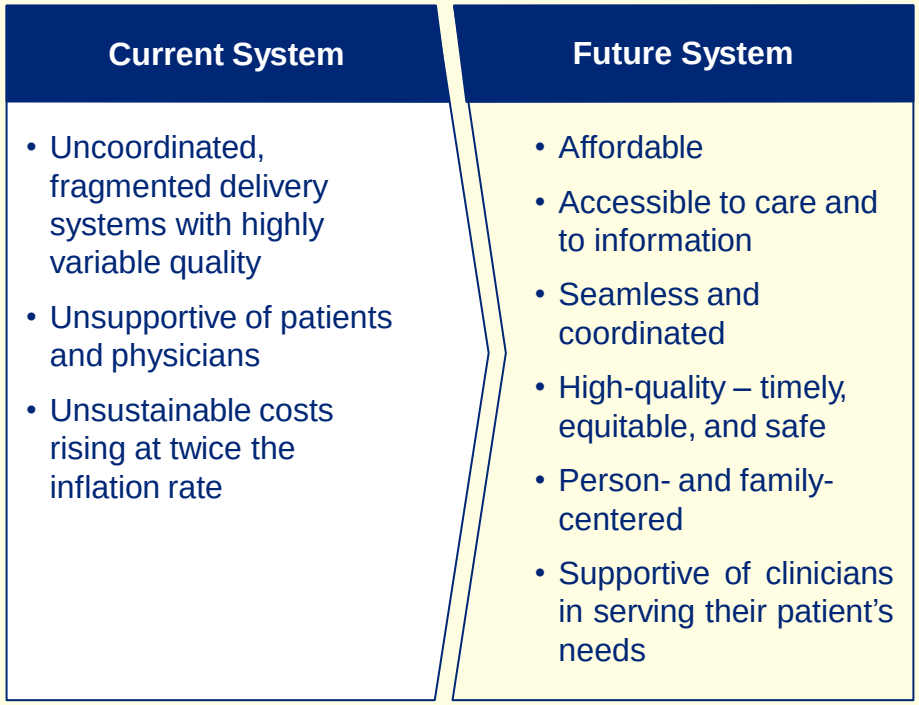



WEST VIRGINIA
Department of
Health & Human Resources

CMS' Goals for the SIM Program

The Centers for Medicare & Medicaid Services (CMS) State Innovation Model (SIM) initiative is focused on testing the ability of state governments to use regulatory and policy levers to accelerate health transformation.

- CMS is providing financial and technical support to states for developing and testing state-led, multi-payer health care payment and service delivery models that will impact all residents of the participating states
- The overall goals of the SIM initiative are to:
  - *Establish public and private collaboration with multi-payer and multi-stakeholder engagement*
  - *Improve population health*
  - *Transform health care payment and delivery systems*
  - *Decrease total per capita health care spending*



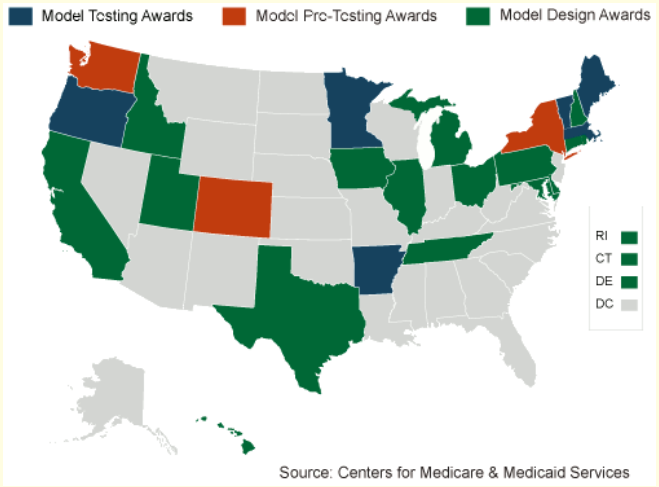
Source: CMS SIM Round Two Funding Opportunity Announcement Webinar

CMS' Triple Aim Strategy

Improve health system performance → **Increase quality of care** → **Decrease costs**

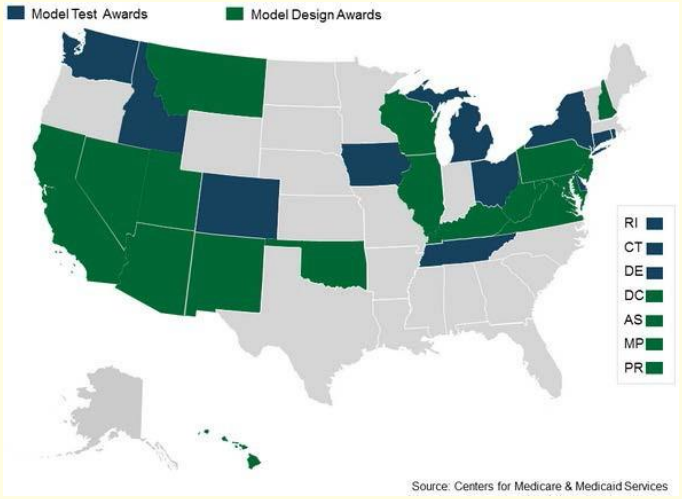
Current Landscape of the SIM Program

The Center for Medicare & Medicaid Innovation (CMMI) within CMS awarded states cooperative agreements in two rounds to design and implement strategies for service delivery and payment reform.



Round 1 SIM Grant Recipients

- Nearly $300 million was awarded to 25 states in December 2012 to design or test innovative health care payment and service delivery models during Round 1 of the SIM initiative.
  - Awardee Breakdown
    - **Model Testing Awards:** 6
    - **Model Pre-Testing Awards:** 3
    - **Model Design Awards:** 16

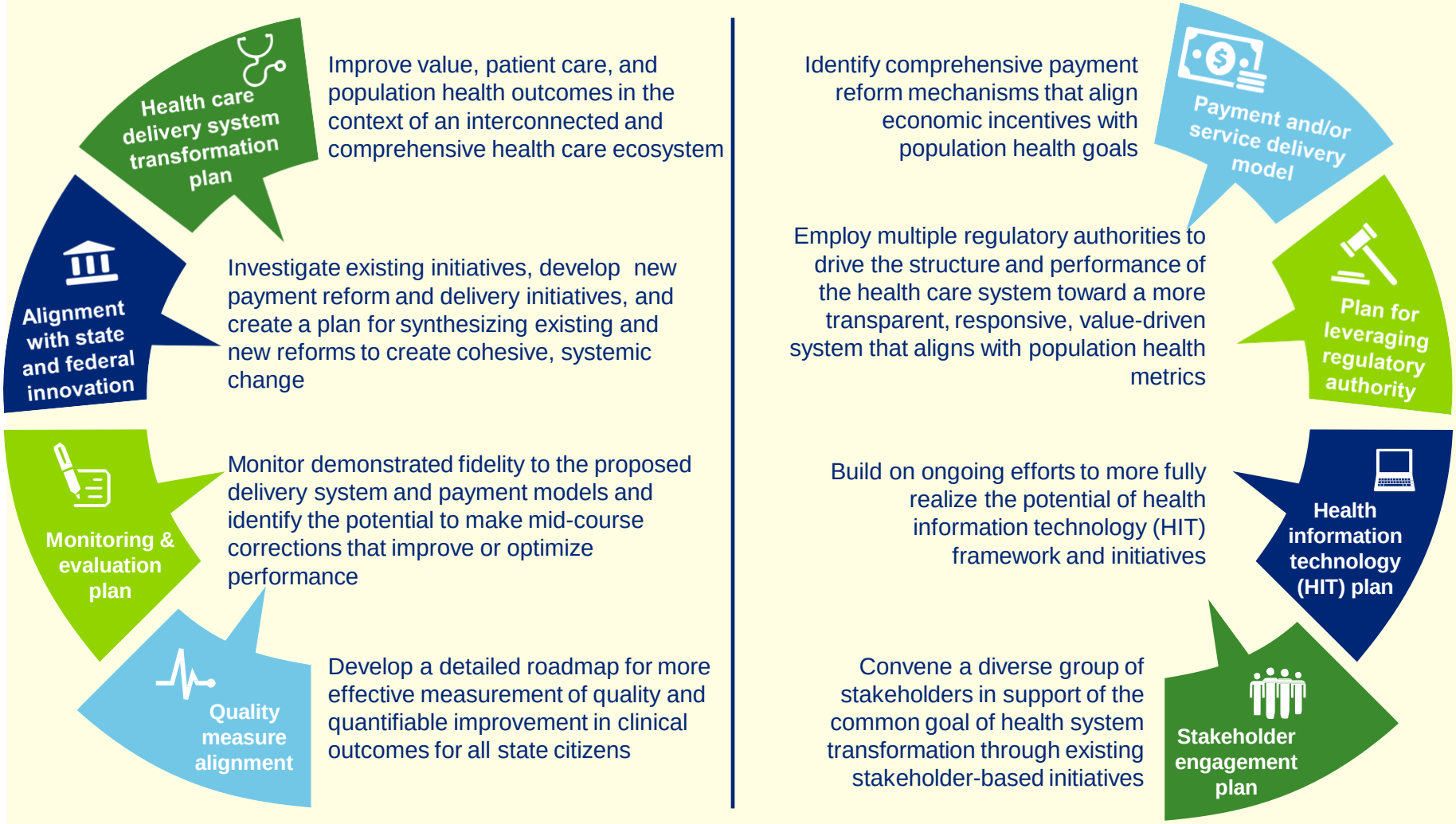


Round 2 SIM Grant Recipients

- CMMI added more parameters in Round 2 that better correlate with successful statewide health transformation. It also selected Model Test/Model Design applications based on their potential to impact the health of the entire state population.
- In December 2014, more than $660 million was provided to 32 awardees (28 states, three territories, and the District of Columbia) for Round 2.
- Awardee Breakdown:
  - **Model Testing Awards:** 11
  - **Model Design Awards:** 21

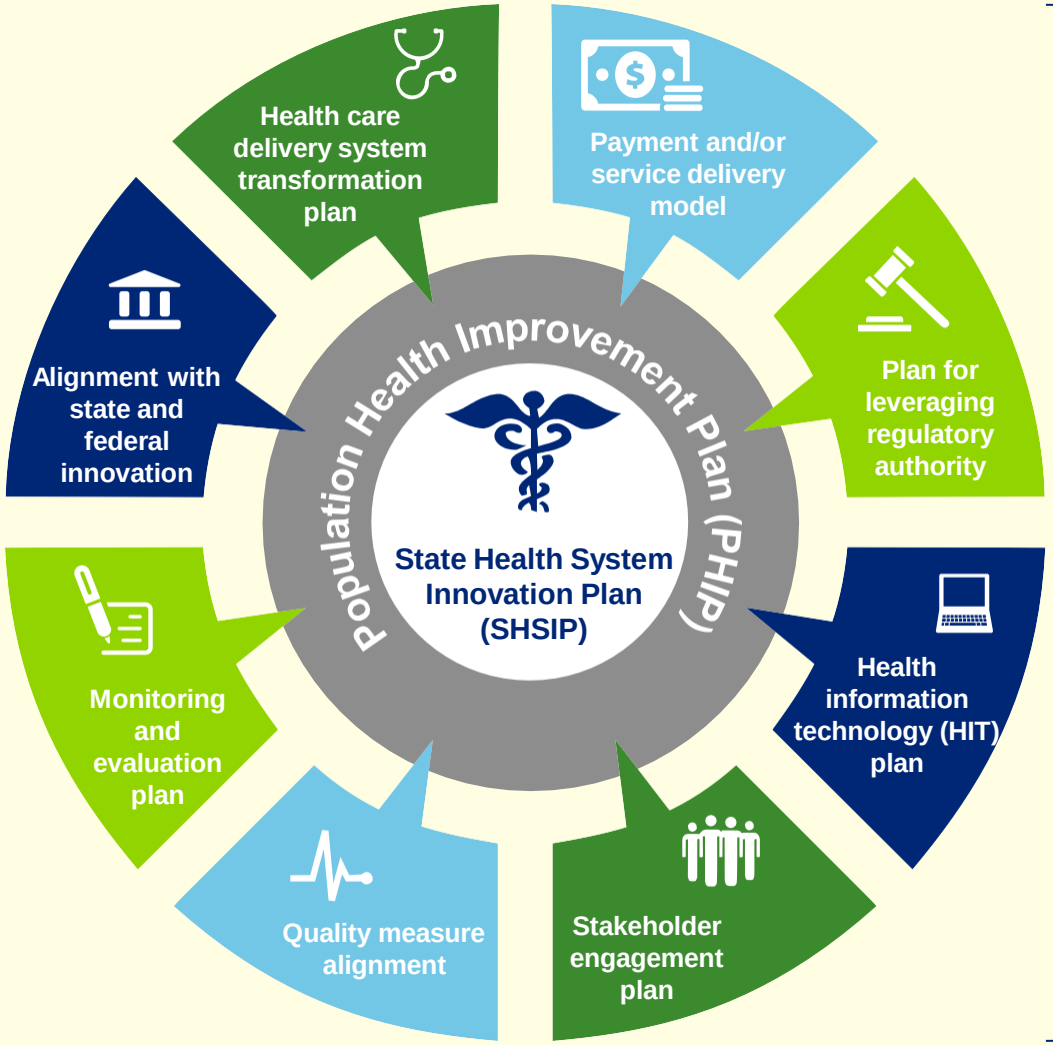
State Health System Innovation Plan

CMS requires a number of work products to **comprise a State Health System Innovation Plan (SHSIP)** as the final deliverable for a SIM Model Design grant.



Components of a SIM Model Design

CMS requires a State Health System Innovation Plan – also referred to as the "Model Design" – as the final deliverable for a SIM Model Design grant.



Components of a successful Model Design

National Landscape – Delivery System and Care Linkage Reform

States that received Round 1 Model Testing grants are currently experimenting with several different delivery system and care linkage reform strategies.

Delivery System Features in SIM Model Testing States					
State	Patient-Centered Medical Homes (PCMH)	Health Homes	Behavioral Health Homes	Accountable Care Organizations (ACOs)	New Workforce Models/Team-Based Care
Arkansas	X	X			X
Maine	X	X	X	X	X
Massachusetts	X			X	
Minnesota	X			X	X
Oregon	X			X	X
Vermont	X			X	

Source: Kaiser Family Foundation

Care Linkages* in SIM Model Testing States						
State	Primary Care & Specialty Care	Primary Care & Behavioral Health	Primary Care & Long-Term Care	Primary Care & Public Health	Primary Care & Community Organizations/ Social Services	Primary Care & Oral Health
Arkansas	X					
Maine	X	X	X	X	X	
Massachusetts	X	X		X		
Minnesota	X	X	X	X	X	
Oregon	X	X	X	X	X	X
Vermont	X	X	X		X	

Source: Kaiser Family Foundation

* Care linkages are defined as relationships between multiple provider organizations

National Landscape – Payment Model Reform

States that received Round 1 Model Testing grants are currently experimenting with several different payment reform strategies.

Payment Models in SIM Model Testing States						
State	Per-Member-Per-Month (PMPM) Payment	Shared Savings	Shared Savings and Risk	Episode-Based/Bundled Payment	Prospective Payment or Partial/Global Capitation	Bonus Payments
Arkansas	X	X		X		
Maine		X	X		X	
Massachusetts	X		X			X
Minnesota	X	X	X		X	
Oregon	X	X	X	X	X	X
Vermont	X	X	X	X		X

Source: Kaiser Family Foundation

SIM Round 2: Additional Considerations

NO ROUND 3 FUNDING OPPORTUNITY

- Implications for design scope
- Importance of state and other stakeholder buy-in and support

CMS STRONGLY ENCOURAGING ALIGNMENT WITH PLANS FOR MEDICARE

- Goal of 30 percent of Medicare payments via alternative payment models by the end of 2016, and 50 percent of payments by the end of 2018
- APMs focusing on three pathways: Medicare's existing accountable care organization efforts, the Pioneer ACO program and the Medicare Shared Savings Program; bundled payments; and payment models tied to patient-centered medical homes
- Goal of 85 percent of payments by 2016 and 90 percent by 2018 through programs such as the Hospital Value Based Purchasing and the Hospital Readmissions Reduction Programs
- SGR Repeal and associated value-based payment systems

OVERLAP OF SIM POPULATION HEALTH PLAN WITH BPH ACCREDITATION-RELATED STATE HEALTH IMPROVEMENT PLAN

- Formal technical assistance request submitted
- CDC and CMS meeting this week

NGA/SIM meeting in Baltimore next week

West Virginia SIM Application Goals

Goal 1: Comprehensive Primary Care & Primary Care Medical Homes (PCMHs): Increase number of PCMHs that are accountable for meeting large majority of patients needs including prevention, wellness, acute care, and chronic care
Objectives: Promote team-based, patient-centered care; Emphasize full array of medical, social, behavioral, and oral health as well as cultural, environmental, and socioeconomic factors

Intervention(s)	Targeted Outcomes
• Provide professional training on team-based, patient-centered care. Provide expertise (if not available) on other aspects of health, cultural, environmental, and socioeconomic factors • Provide access to telehealth system to provide training, additional expertise, and other communication. Educate patients on comprehensive health in the workplace and refer to effective programs/services in the area.	95% of all targeted citizens will be associated with a medical home in next five years.

West Virginia SIM Application Goals

Goal 2: Coordinated Care: Increase number of PCMHs that will coordinate care across all elements of the broader health care system, including specialty care, hospitals, home health care, and community services.
Objectives: Focus coordinated care particularly in transitional periods of care; Support coordination efforts among providers

Intervention(s)	Targeted Outcomes
• Facilitate stakeholder engagement in PCMH formation and planning. Provide access to national guidance and experts on PCMHs • Utilize telehealth infrastructure to provide additional services. Use existing health information technology examples to increase awareness and use of HIT to improve care coordination within and across provider groups to build efficient PCMHs	80% of all care utilizes the coordinated care model within next five years

West Virginia SIM Application Goals

Goal 3: Accessible Services: Increase patient accessibility to services (i.e., shorter waiting times, enhanced in-person hours, 24-hour access to care team member, alternative communication methods); Decreased ER visits for chronic care.
Objectives: Encourage accessible services; Support expanded primary care access

Intervention(s)	Targeted Outcomes
• Reinforce accessible services through reimbursement and other means. Provide education related to inappropriate use of ER visits through PCMHs. Provide e-consult access to specialists through existing telehealth. Provide access to additional public health and programmatic information using non-visit methods.	95% of patients (Tier 1 and 2) will have a PCMH and personal health management plan within next five years

West Virginia SIM Application Goals

Goal 4: Quality and Safety: Improve consistency of defined care quality and specific quality outcomes within PCMHs
Objectives: Promote quality improvement among individual providers and larger PCMHs; Identify best practices for improving care quality

Intervention(s)	Targeted Outcomes
• Continue to engage providers, payers, and other stakeholders to establish consistent quality measures, reimbursement for quality care. Provide on-going training and access to evidence-based medicine and clinical decision-support tools • Utilize HIT to identify performance measures, modify improvement goals, measure and respond to patient experiences and satisfaction	Finalize quality measures identified by the Collaborative; Outline a process for expanding these measures to align with population health improvement plan

West Virginia SIM Application Goals

Goal 5: Integrated Care and Use of HIT: Advance evidence-informed clinical decision making using electronic health record (EHR) decision support, shared decision making tools, and provider quality and cost data at the point-of-care; Improve consumer-directed care decisions. Objectives: Encourage care coordination across settings using health information exchange tools and data availability to care teams (claims and clinical data) to assist in measuring utilization, outcomes, cost and effectiveness of clinical interventions; Promote use of population-based data to understand practice sub-populations, panel, and individual risk, and to inform care coordination

Intervention(s)	Targeted Outcomes
• Engage the Collaborative and other stakeholders to outline a standardized approach to clinical information exchange to accelerate providers' use of direct messaging and secure communication. Provide regular trainings and other educational means to increase awareness of existing HIT methods and frameworks. • Utilize case examples to increase familiarity with practice models using HIT. Provide direct assistance to providers to establish and use information.	Promote effective adoption and use of HIT by 90% of health care providers within five years Use patient portals and personal health records by 50% of high risk patients within five years

West Virginia SIM Application Goals

Goal 6: Use of Data to Drive Improvement: Establish coordinated care among providers, patients, and payers to create common data measurements and scorecards that reflects the provider's ability to meet measures of health status, quality of care, and consumer experience. Objectives: Encourage use of data to track performance for quality, care experience, equity, and cost measures.

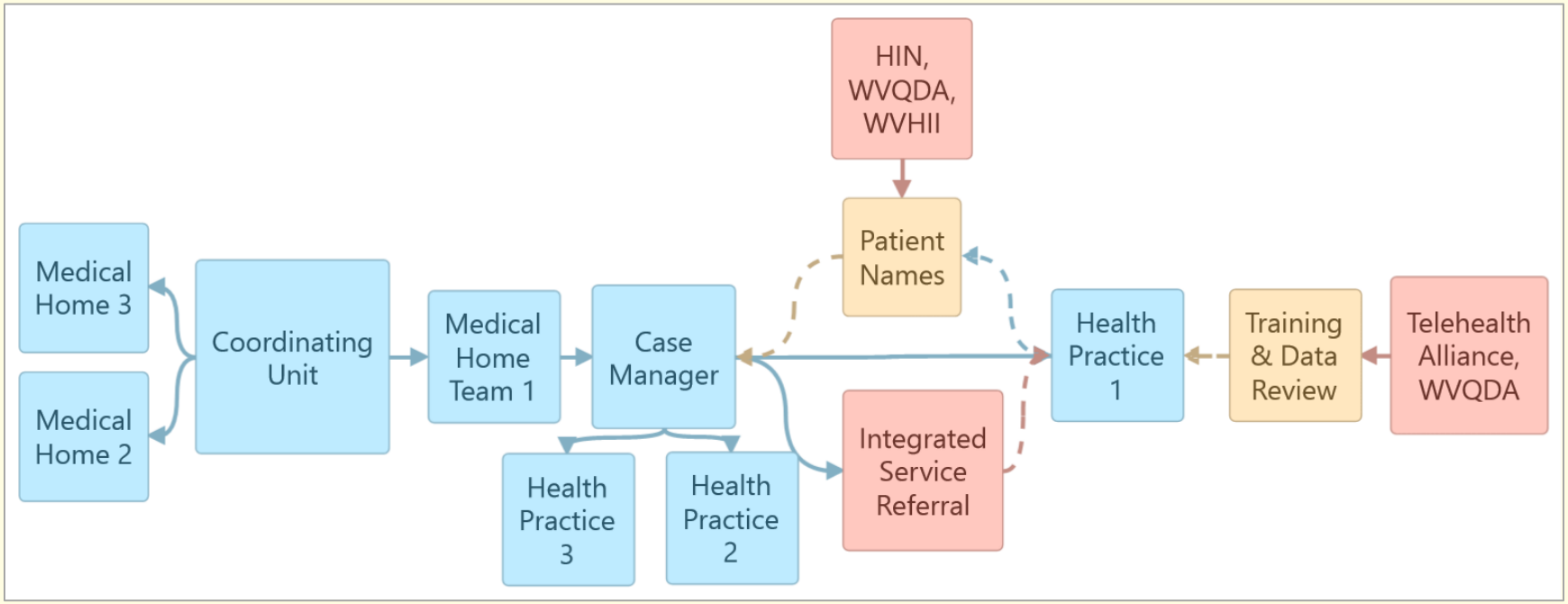
Intervention(s)	Targeted Outcomes
• Facilitate the use of data across payers in order to be able to track a provider's true performance for entire patient panel. Provide regular training opportunities on data-driven process.	Identify and outline process and outcome data widely available for use within five years

Vulnerable Populations Focus

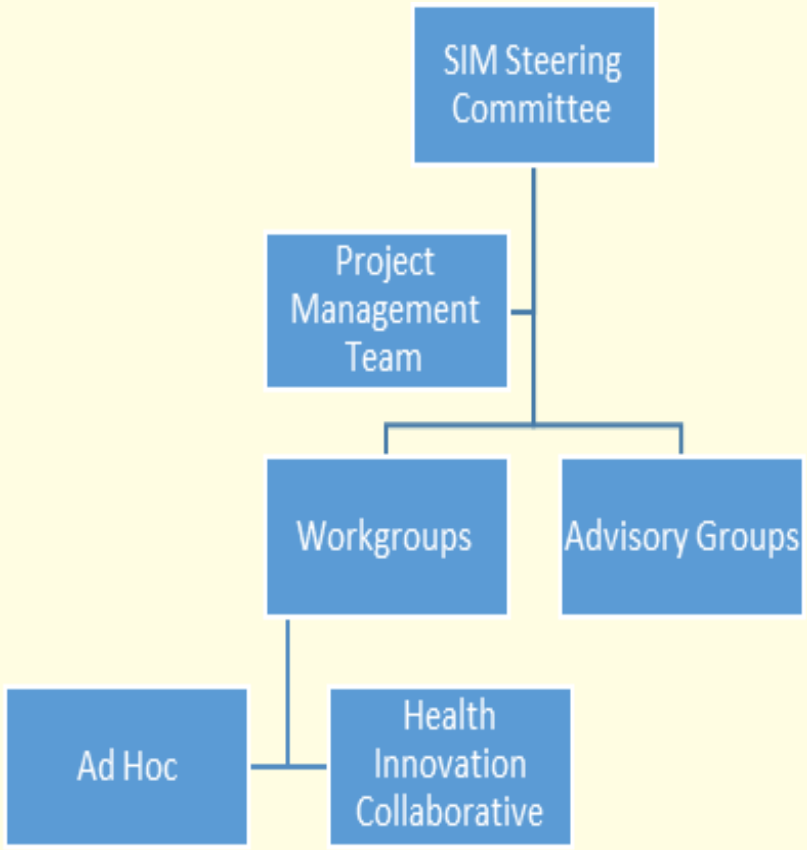
Tier 1 targets the highest cost beneficiaries;
Tier 2 is comprised of the larger segment of the respective coverage groups with chronic conditions or other “modifiable” conditions that result in avoidable costs or utilization of health care services.

Coverage Groups	# WV	Tier 1 (N)	Tier 2 (N)
Medicare	220,750	61,737	98,714
Dual Eligible	59,906	19,812	32,728
Medicaid	313,301	15,665	136,817
CHIP	25,136	1,256	3,254
PEIA/Com.	927,640	38,336	278,292
Uninsured	280,417	10,284	84,125
Total	1,827,150	147,090	633,930

Concept of Regionally Coordinated PCMHs



Organizational Overview



Steering Committee Role

- **IDENTIFY AND DEFINE ELEMENTS OF THE STATE MODEL THAT WILL BE DISCUSSED (AND DEVELOPED) IN MORE DETAIL BY VARIOUS WORKGROUPS AND EXPERTS;**
- **IDENTIFY PARTICULAR QUESTIONS, PROCEDURAL DEFINITIONS, RESOURCES, AND OTHER ISSUES THAT WORKGROUPS SHOULD ADDRESS IN THEIR WORK ON A PARTICULAR MODEL ELEMENT;**
- **REVIEW ALL SUMMATIVE REPORTS REGARDING HIC WORKGROUP ACTIVITIES AND MODEL ELEMENT DECISIONS;**
- **REVIEW AND CONSIDER ADDITIONAL STAKEHOLDER INVOLVEMENT IN WORKGROUP ACTIVITIES, AS NEEDED AND OUTLINE ANY MISSED OPPORTUNITIES FOR ADDITIONAL INPUT;**
- **REVIEW COMMENTS COLLECTED THROUGH THE PUBLIC OUTREACH EFFORTS TO DETERMINE IF ANY ADDITIONAL CONSIDERATIONS ARE NEEDED FOR PARTICULAR MODEL ELEMENTS; AND**
- **IDENTIFY ADDITIONAL QUESTIONS THAT WOULD NEED TO BE ADDRESSED FOR THE PARTICULAR MODEL ELEMENT OR FINALIZE AND APPROPRIATE MODEL ELEMENT FOR DESIGN PROCESS.**

Project Management Team

Name	Title
Jeffrey Coben	Project Director
Lesley Cottrell	Project Assistant Director
Dana King	Chair of Family Medicine, WVU
Karen Fitzpatrick	Faculty, Family Medicine, WVU
Cecil Pollard	Director, Office of Health Services Research, WVU
Adam Baus	Asst. Director, Office of Health Services Research, WVU
Jane Ruseski	Faculty, WVU School of Business
Nancy Sullivan	Assistant to the Secretary, WV DHHR
Jeremiah Samples	Deputy Secretary, DHHR
David Campbell	Director, WV Health Improvement Institute
Arnold Hassen	Faculty, WV School of Osteopathic Medicine
Amanda McCarty	WV Bureau for Public Health
Daniel Mace	WV Bureau for Public Health
Edward Dolly	WV DHHR
Courtney Newhouse	Administrative Assistant
To be hired	Project Manager
To be hired	Project Coordinator

Operational Plan - Tasks and Milestones

Task/Deliverable	Deadline(s)	Task Leader
Operational Plan	2/28/15	Coben
Stakeholder Engagement Plan	3/30/15	Cottrell
Population Health Assessment & Gap Analysis	5/30/15	McCarty
Population Health Plan	8/30/15	McCarty
Driver Diagram	5/30/15	Sullivan
Identify Regulatory and Policy Levers	5/30/15	Campbell
Description of the Baseline Health Care Environment	5/30/15	Project Manager
Value-based Health Delivery and Payment Methodology Transformation Plan	8/30/15	Campbell
Health Information Technology Plan	11/30/15	Dolly
Workforce Development Strategy	11/30/15	King
Financial Analysis	11/30/15	Ruseski
Future Monitoring and Evaluation Plan	11/30/15	Cottrell
Future Operational & Sustainability Plan	11/30/15	Samples
Draft Innovation Plan	12/30/15	Project Manager
Final Innovation Plan	1/31/16	Project Manager
Quarterly Reports	5/30/15; 8/30/15; 11/30/15	Coben
Final Report	4/30/16	Coben

Stakeholder Engagement Plan

IF IMPLEMENTED SUCCESSFULLY, THE STAKEHOLDER ENGAGEMENT PLAN PROVIDES:

- An opportunity for many individuals/groups representing those who will be impacted by the model to….
  - Learn about the SIM Project overall
  - Understand the goals and activities planned for the SIM
  - Take part in the SIM activities to develop the model
  - Review and provide feedback on early model elements

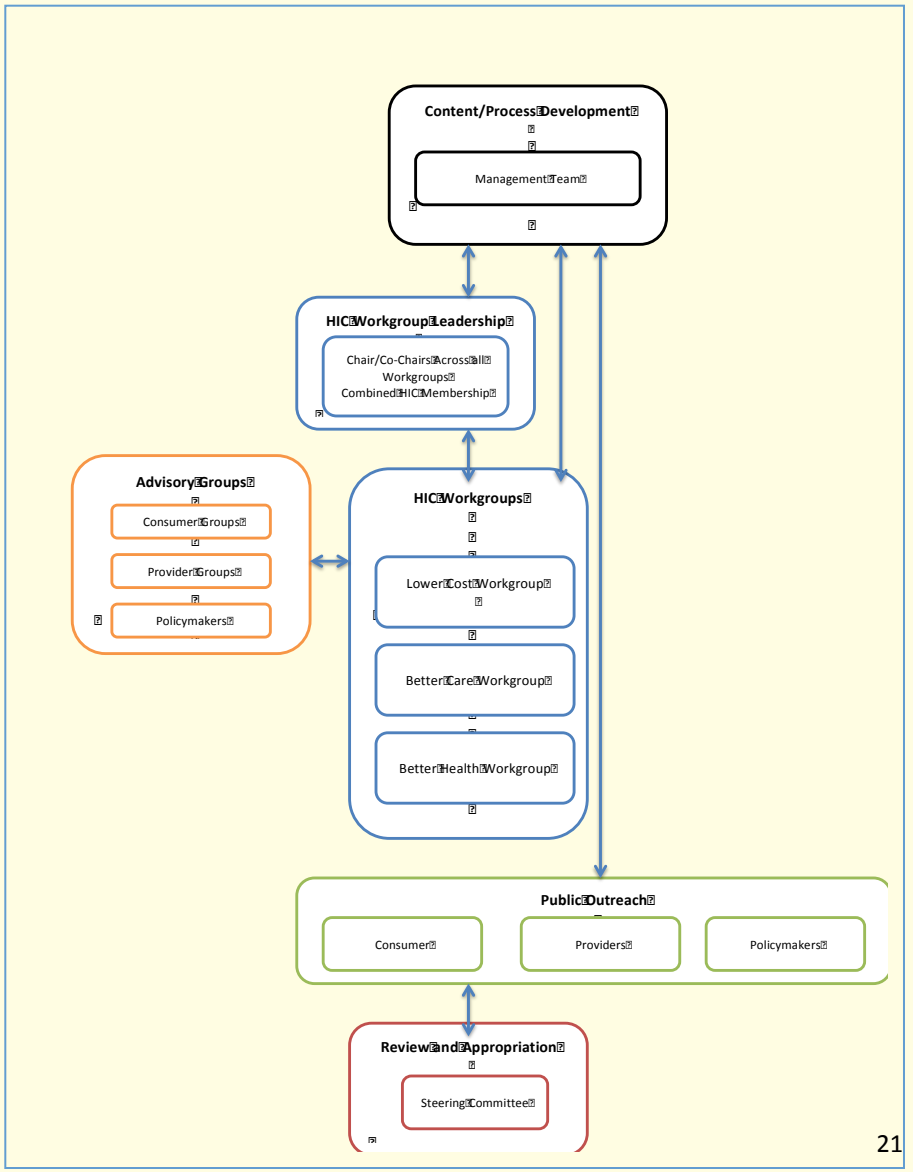
THIS IS IMPORTANT BECAUSE:

- We want to reduce confusion, frustration, perceived isolation and increase statewide ownership of the model.

ENGAGEMENT PLAN HIGHLIGHTS

- Engagement will be embedded throughout process – for all deliverables

- Composed of 5 elements:
  - Project management
  - Steering committee
  - HIC workgroups
  - Advisory groups
  - Public outreach engagement



ENGAGEMENT PLAN HIGHLIGHTS

STAKEHOLDER ROLES AND RESPONSIBILITIES

- Individuals and groups initially identified to represent various stakeholders.
- Additional invitations will be ongoing as identified.
- Roles/ responsibilities vary based on timeline and model development phase **but**
  - Each stakeholder group will have the opportunity to have a representative at each phase of the process

ENGAGEMENT PLAN HIGHLIGHTS

ENGAGEMENT PROCESS

1 Develop charge, gather resources and expertise, provide support (PM & SC)

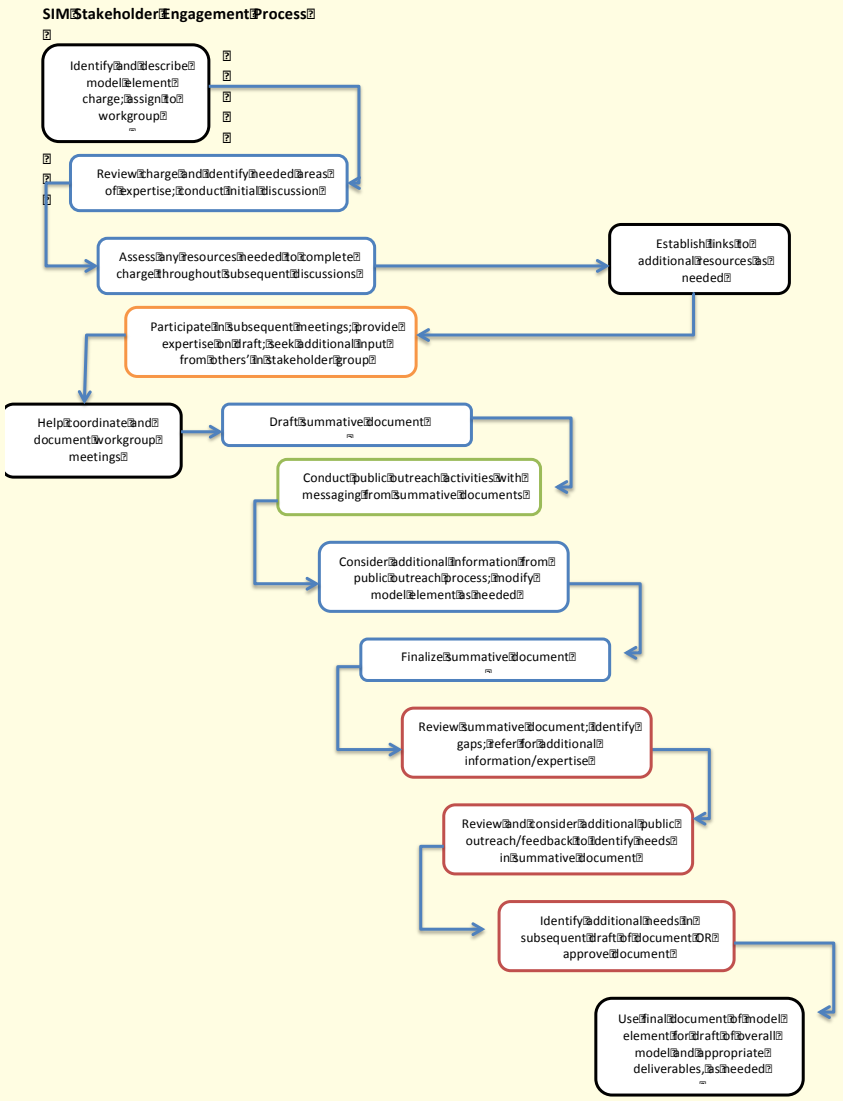
2 Review charge, identify additional resources, establish meeting schedule, complete charge elements, develop summative report (HIC WG, AG)

3 Vet summative documents with public, conduct engagement activities, record feedback (Consultant, PM)

4 Modify documents as needed, identify any gaps and additional resources needed, develop final document/recommendations (HIC WG, AG)

5 Review final documents, identify gaps in assessment, finalize and/or provide additional direction for needed work in area (SC)

6 Review summaries and process documents throughout process, modify process as needed, conduct additional meetings as necessary (PM, Consultant)



ENGAGEMENT PLAN HIGHLIGHTS

COMMUNICATION PLAN CONSIDERATIONS

- Communication about the SIM activities, plans, and final determinations is key to this process for meeting our goals

- Each engagement partner will have roles/responsibilities for communicating their activities

- Stakeholder engagement consultant will also provide deliverables/products that promote SIM project communication

PAUSE FOR THE CAUSE

Summary of Stated Goals

INCREASE NUMBER OF PCMH

INCREASE CARE COORDINATION

IMPROVE PATIENT ACCESS TO CARE

IMPROVING QUALITY AND QUALITY MEASURES

EXPAND USE OF HIT WITHIN CARE SETTINGS

EXPAND USE OF DATA TO DRIVE IMPROVEMENT

FOCUS IS ON PRIMARY CARE AND THE HIGHEST COST BENEFICIARIES ACROSS THE MAJOR PAYERS

CONCEPT OF REGIONALLY COORDINATED PCMH

Questions

1) **ARE THESE THE MOST IMPORTANT AND APPROPRIATE GOALS FOR WEST VIRGINIA?**
2) **WHAT QUESTIONS NEED TO BE ASKED AND ANSWERED IN ORDER TO DEVELOP AN ACTIONABLE PLAN TO ACHIEVE THESE GOALS?**
3) **WHAT, IF ANY, ADDITIONAL INFORMATION IS NEEDED PRIOR TO CHARGING THE VARIOUS WORKGROUPS WITH DEVELOPING THEIR RECOMMENDATIONS?**

High-Level Model Design Considerations

Discuss with stakeholders multiple key questions that the respective Model Design components will address and subsequently weave into the final SHSIP.

Key Questions

How do we infuse a population health focus into payment reform initiatives?	How can we align with Medicaid expansion and Managed Care Organizations?
How do we build on existing delivery system reform initiatives underway?	How should we align with Medicare's payment reform initiatives and quality measures?
How do we improve the coordination of services across delivery systems (physical, behavioral, oral health, long-term care)?	How do we increase access to services and care coordination in rural areas of the state?
How can we build consensus and support for initiatives for reforms that require regulatory or statutory changes?	How do we develop robust, multi-payer support for the SIM initiatives?
How do we address the role of consumers in directing and managing the cost of their care?	How will we manage the economic disruption that delivery system and payment reforms will create?

Other WV CMMI Innovation Activities

HEALTH CARE INNOVATION AWARDS

Duke, TransforMED, Carilion New River Valley, Pittsburgh Regional Health Initiative

MEDICAID EMERGENCY PSYCHIATRIC DEMONSTRATION

BUNDLED PAYMENTS FOR CARE INITIATIVES: MODEL 2 & MODEL 3 TEST SITES

FQHC ADVANCED PRIMARY CARE PRACTICE DEMONSTRATION SITES

STRONG START FOR MOTHERS AND NEWBORNS INITIATIVE

PRACTICE TRANSFORMATION APPLICATION

Steering Committee Needs?

CONSULTATIONS/EXPERT PRESENTATIONS

- **CARE COORDINATION APPROACHES**
- **INTEGRATING BEHAVIORAL HEALTH & PRIMARY CARE**
- **OVERCOMING BARRIERS TO PAYMENT REFORM**
- **PRESENTATIONS ON EXISTING STATE INITIATIVES**
- **PRESENTATIONS FROM OTHER STATES**

ACTUARIAL SERVICES

REFERENCES/RESOURCE DOCUMENTS

Committee Governance & Next Steps

GENERAL OPERATING PROCEDURES

CURRENT/FUTURE COMMITTEE COMPOSITION

MEETING SCHEDULE & NEXT MEETING